

Mutual OF OMAHA

V. J. SKUTT,
PRESIDENT

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION

The Largest Exclusive Health and Accident Company in the World

July 7, 1960

STAT

Government Employees Health Assoc., Inc.
P. O. Box 463
Washington 4, D. C.

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In accordance with our phone conversation I am enclosing our forms for the individuals medical expense record and the statement of drug charges. These forms are now being printed with corrections made as shown in red. The forms will be available at the Joseph E. Jones Agency within the next 5 to 10 days for use by any of the Government groups wishing to use the forms.

Len, I might mention that many groups prefer not to use the drug form upon the initial filing of the claim since claims for drugs are made on only a portion of the total. However, they do prove useful where it is necessary to return bills which do not show sufficient information or do not appear to be proper and in those cases where it is known that a claim for drugs will be made.

The Employees Group Medical Expense Record form may be delivered to each employee. Normally three forms are supplied to family units.

If you have any questions please let me know.

Sincerely,

G. D. Edson
Claims Manager
Group Division

Rec'd. IB... 11 JUL 1960
Rec'd. Claims

GDE:EP

HOME OFFICE BUILDING
OMAHA, NEBRASKA

UNITED BENEFIT LIFE INSURANCE COMPANY

Group Division

Home Office - Omaha, Nebraska

STATEMENT OF PHARMACEUTICAL CHARGES**LICENSED PHARMACIST'S STATEMENT**

Name of Group _____ Master Policy No. _____

Name of Certificateholder _____ Certificate No. _____
or Soc. Sec. No. _____

Name of Person for whom medicines were prescribed _____

Name of Physician(s) prescribing medicines _____

LIST BELOW CHARGES FOR DRUGS, MEDICINES, AND MEDICAL SUPPLIES PRESCRIBED BY A PHYSICIAN(S)

PRESCRIPTION NUMBER OR DESCRIPTION OF SUPPLY	QUANTITY PURCHASED	CHARGE	DATE PURCHASED

Name of Pharmacy _____

(Street Address)

(City)

(State)

Date _____ 19____ Signed _____

(Licensed Pharmacist)

Your insurance company wishes to pay all just claims as promptly as possible. You can help do this if you comply with the following suggestions.

1. Have a claim form completed for each sickness and injury. Be sure all questions of all sections of all claim forms are properly completed and signed.

A. Hospital bills are usually itemized.

B. Physician's bills must be itemized by the physician's office and show:

- (1) Patient's name.
- (2) Diagnosis of sickness or injury if bill from physician other than the one who completed the physician's statement on the claim form.
- (3) Date or dates of treatment.
- (4) Charge for each treatment.

C. Drug bills must be itemized by the pharmacist on the pharmacy letterhead and show:

- (1) Patient's name.
- (2) Date or dates of purchase.
- (3) Prescription number.
- (4) Charge for each purchase.
- (5) Name of physician prescribing drug.

D. Supply and Equipment Rental bills must be itemized on the supplying firm's letterhead and show:

- (1) Patient's name.
- (2) Date supply purchased or dates of period for which equipment rented.
- (3) Description of item(s).
- (4) Charge for each item.
- (5) Signed statement from attending physician certifying that item was prescribed as necessary for treatment and condition being treated.

2. Submit bills and supporting claim forms to your employer as soon as possible after medical expenses are incurred:

A. for hospitalization, or

B. for a surgical operation, or

C. in excess of the deductible amount as explained in your group insurance certificate.

Your ^{association} ~~employer~~ will check completeness of claim forms and bills. If in order, ~~they~~ ^{they} will forward them to the insurance company. If not, they will be returned with instructions.

3. Bills for medical expense incurred subsequent to the initial claim must be supported by an additional claim form. Such bills and supporting claim forms should be submitted at intervals of approximately one month.

AFTER SUBMITTING BILLS AND SUPPORTING CLAIM FORMS, THIS FORM MAY BE RETAINED AS YOUR RECORD OF EXPENSES.